

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

September 6, 2002

Re: IRO Case # M2-02-0394

Texas Worker's Compensation Commission:

___ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IRO's, TWCC assigned this case to ___ for an independent review. ___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, ___ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is Board Certified in Neurological Surgery. He or she has signed a certification statement attesting that no known conflicts of interest exist between him or her and any of the treating physicians or providers, or any of the physicians or providers who reviewed the case for a determination prior to referral to ___ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The ___ reviewer who reviewed this case has determined that, based on the medical records provided, the requested treatment is medically necessary. Therefore, ___ disagrees with the adverse determination regarding this case. The reviewer's decision and the specific reasons for it, is as follows:

History

This case involves a now 47-year-old female who was injured in ___. Back pain with some lower extremity discomfort persisted. Two operative procedures were directed at this problem, the last being in June, 1994. A later operation was performed for removal of hardware placed at the fusion. On 1/4/01 an EMG suggested right L5 radiculopathy. A repeat MRI on 5/10/01 showed no recurrent disk or other causes for the patient's symptoms, but did have a new finding consistent with a pseudomenigocele, which did not impinge significantly on the patient's thecal sac. A fall in September, 2001 caused an increase in the patient's back discomfort with muscle

spasms. A repeat MRI of the lumbar spine has been recommended.

Requested Service(s)

Repeat open MRI lumbar spine

Decision

I disagree with the carrier's decision to deny the requested MRI.

Rationale

The new finding of 5/10/01 may well be responsible for the patient's increased symptomatology, and an MRI with enhancement may well help in determining any change in that finding between the 5/10/01 study and the present time. The fall of September, 2001 increased the possibility of a change. An MRI change of either pseudomenigocele or seroma could be considered secondary to the ____ injury.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

If disputing other prospective medical necessity (preauthorization) decisions, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings, Texas Worker's Compensation Commission, P O Box 40669, Austin, TX 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308(t)(2)).

Sincerely,